



# City of Chandler Parks and Recreation Division

## Senior Adult Activity & Trip Registration Form

**\*This form must be completed and returned with payment by the established deadline for the activity or trip. Activity codes can be found next to the name of the trip or activity in the Senior Newsletter or Break Time.**

Name \_\_\_\_\_ Additional Person's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_ Birthdate \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_ List any special needs for transportation \_\_\_\_\_

(Circle one)

Activity: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Van: yes no

Activity: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Van: yes no

Activity: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Van: yes no

Activity: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Van: yes no

Total Enclosed: \_\_\_\_\_

### Form of Payment:

Credit Card (select one) Visa MasterCard American Express Other: cash check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature of Payee \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

In consideration of any services and the use of City of Chandler facilities during year round program activities offered by the Chandler Recreation program, the participant agrees to the following:

1. I agree to indemnify and hold harmless City of Chandler, its officers, agents, representatives, officials and employees from and against any all claims, costs, demands, expenses (including attorney's fees), losses, damages, injuries, and liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Senior Adult Recreation Program. It is understood that such indemnity shall survive the termination of this agreement.
2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern.
3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources.

Participant \_\_\_\_\_

Date \_\_\_\_\_

Please return registration form to:

Chandler Senior Center  
Attention: Senior Adult Recreation Program  
202 East Boston Street  
Chandler, AZ 85225

OR

Chandler Parks and Recreation  
Attention: Senior Adult Recreation Program  
Mail Stop 501, PO Box 4008  
Chandler, AZ 85244 - 4008